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## APPLICANTS

Elaine Lim, Fremont, CA;

Huey Quoc Chan, San Jose, CA;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

28075  
 CROMPTON, SEAGER & TUFTE, LLC  
 1221 NICOLLET AVENUE  
 SUITE 800  
 MINNEAPOLIS , MN  
 55403-2420

## TITLE

Occlusion balloon catheter with longitudinally expandable balloon

FILING FEE  RECEIVED 1202	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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